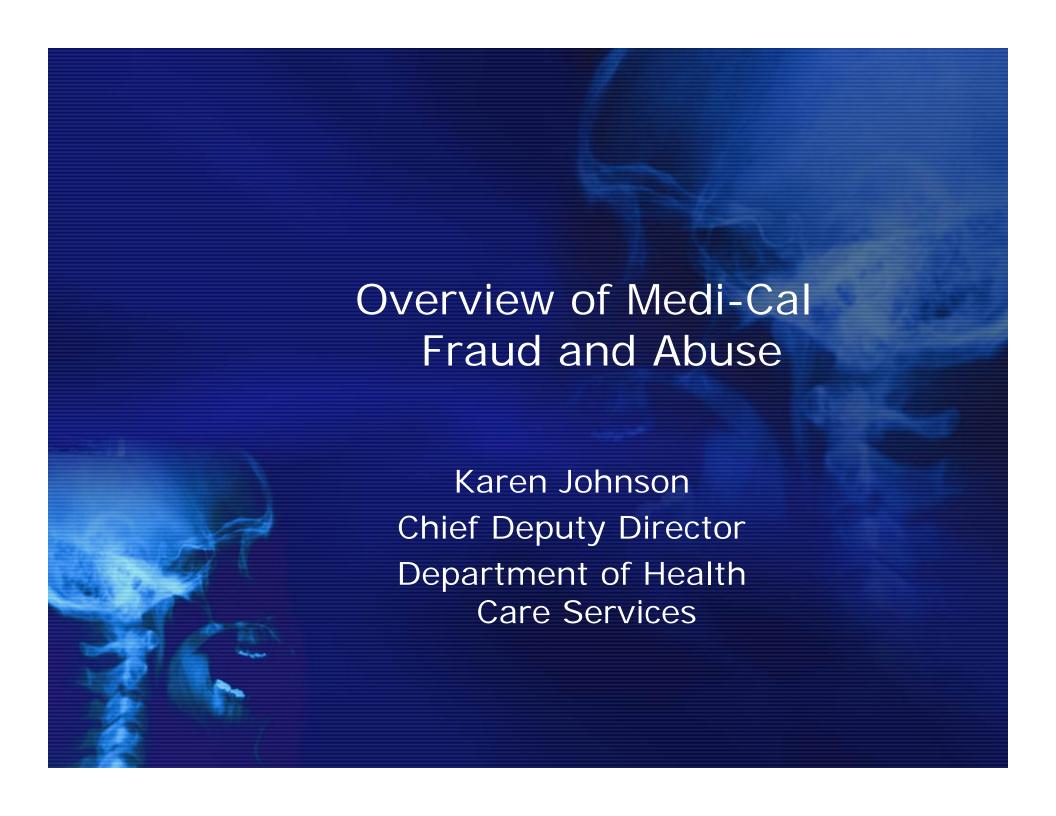




California Department of Health Care Services

September 2011

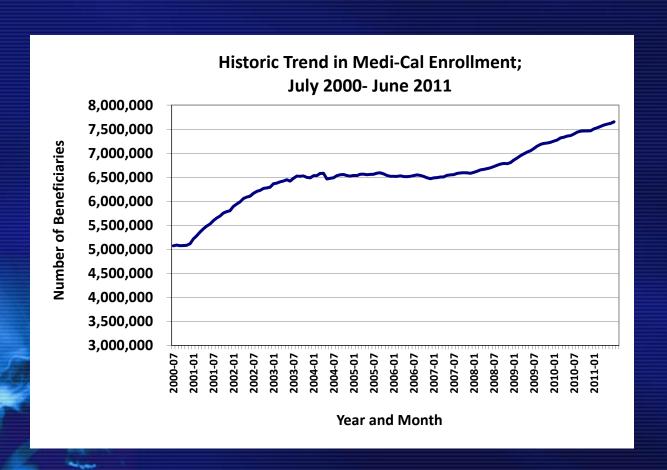
California Department of Health Care Services



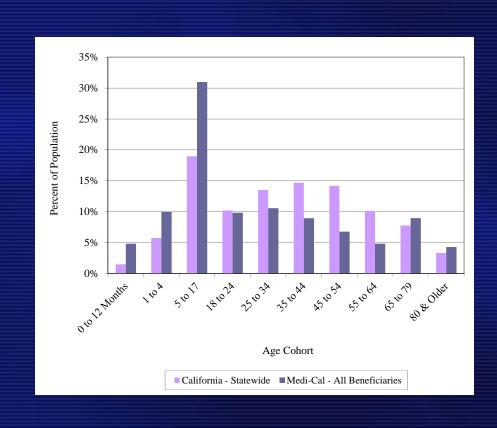
Medi-Cal – since 1966

Created by the Social Security Act of 1965 as part of the Great Society Program under LBJ

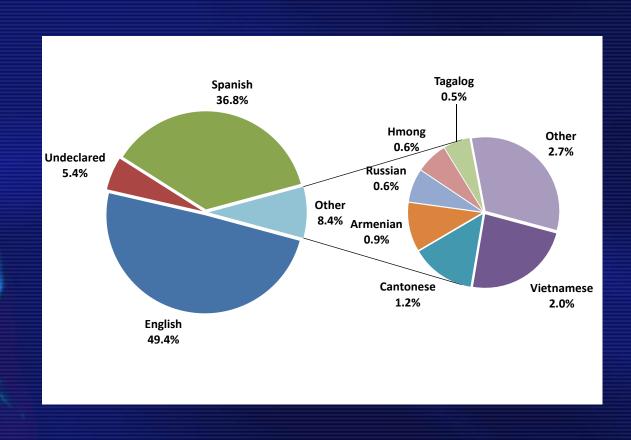
Trends in Enrollment



Geographic Distribution of Medi-Cal Population by Age



Medi-Cal Population by Primary Language



Audits and Investigations

Mission

- Quality of Care
- Fiscal Integrity
- Goal
 - Improve
 - Efficiency
 - Economy
 - Effectiveness



Investigations Branch

IB works with multiple branches of Law Enforcement



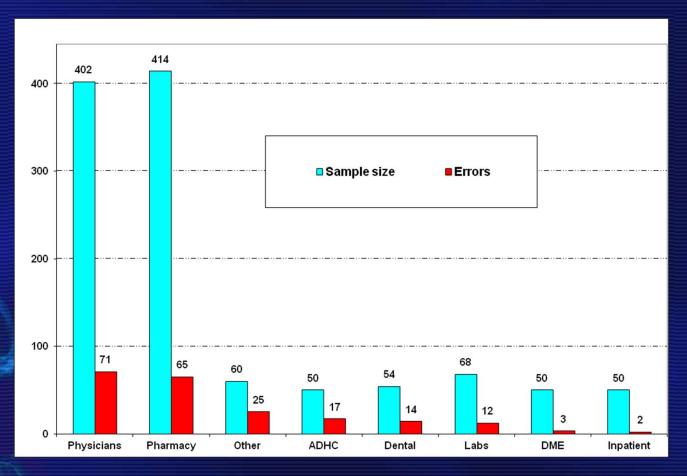
Medical Review Branch

- Conducts audits and reviews of billing patterns for a wide-range of providers.
- Performs audits for recovery
- Educational activities to deter and prevent fraud

Purpose of MPES

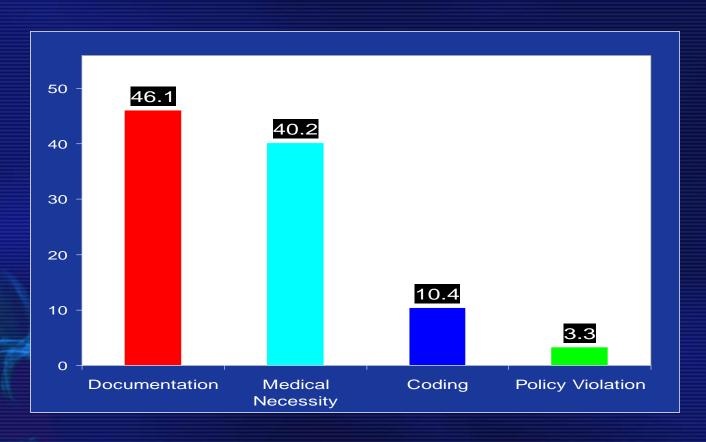
- MPES estimates dollar loss in Medi-Cal
- It breaks down the estimated payment error rate into non-fraud and potential fraud
 - The potential fraud subset is a unique MPES feature.
- It enhances anti-fraud efforts and prevention by identifying areas of exposure and risks.

Errors by Provider Type



Source: MPES 2007

Primary Types of Errors



Source: MPES 2007



Resources

- Stop Medi-Cal Fraud
 - stopmedicalfraud@dhs.ca.gov
 - **1-800-822-6222**
- Medi-Cal
 - http://www.medi-cal.ca.gov
 - Provider Manual
 - Part I, Medi-Cal Program and Eligibility
 - Provider Relations Directory
- Affiliated Computer Services (ACS)
 - **1-877-414-2676**
 - 8 a.m. to 8 p.m. EST, Monday through Friday, except holidays
 - http://www.acs-inc.com

